

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-Rom or CD-R?	None
Title::	Novel Goodpasture Antigen-Binding Protein Isoforms and Protein Misfolded-Mediated Disorders
Attorney Docket Number::	03-075-US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	14
Small Entity::	Yes
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	Spain
Status::	Full Capacity
Given Name::	Juan
Family Name::	Saus
City of Residence::	Valencia
State of Residence::	
Country of Residence::	Spain
Street of mailing address::	Conde de Altea 8, 7a

City of mailing address:: Valencia
State or Providence of mailing address:: Spain
Postal or Zip Code of mailing address:: 46005

Applicant Authority type:: Inventor
Primary Citizenship Country:: Spain
Status:: Full Capacity
Given Name:: Fernando
Family Name:: Revert
City of Residence:: Valencia
State of Residence::
Country of Residence:: Spain
Street of mailing address:: Luis Vives, 43 Moncada
City of mailing address:: Valencia
State or Providence of mailing address:: Spain
Postal or Zip Code of mailing address:: 46113

Applicant Authority type:: Inventor
Primary Citizenship Country:: Spain
Status:: Full Capacity
Given Name:: Francisco
Family Name:: Revert-Ros
City of Residence:: Valencia
State of Residence::
Country of Residence:: Spain
Street of mailing address:: Dr. Sanchis Sivera, 27-6a
City of mailing address:: Valencia
State or Providence of mailing address:: Spain

Postal or Zip Code of mailing address:: 46008

C rrespondence Information

Correspondence Customer Number:: 020306
Name Line One:: David S. Harper
Name Line Two:: McDonnell Boehnen Hulbert & Berghoff
Street of Mailing Address :: 32nd Floor
Street of Mailing Address:: 300 S. Wacker Drive
City of Mailing Address:: Chicago
State or Providence of Mailing Address:: IL
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 60606
Phone Number:: (312) 913-0001
Fax Number:: (312) 913-0002
E-Mail Address:: docketing@mbhb.com

R representative Information

Representative Customer Number::	020306
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/445,043	2/5/03
	And	60/445,003	2/5/03
	And	60/445,004	2/5/03

Assigne Informati n

Assignee Name:: Dr. Juan Saus